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chair for public health nursing in Teachers College. It is the private duty nurse, many times, who can influence people to do a great deal toward bettering conditions.

We sometimes forget all the private duty nurse has done for us and feel that she likes private duty because she works among the better class of people; but each one of us must work in her own way, always remembering the big things we are *all* working for, and whether it be an institutional nurse, a private duty nurse, or a public health nurse, we are all working for a strong and healthy race. Our babies and our sick children are calling to every one of us to help them.

Public health does not depend upon the public health nurse only but upon every one of us. So I appeal to the institutional nurse and to the private duty nurse to take her place beside the public health nurse, to realize her responsibility, and to make a greater effort toward preventing disease. If New England is to do her share in saving 100,000 babies a year, we must work together, not only in dealing with actual sickness, but in interesting influential citizens to make better health laws, laws relating to housing, to shorter hours, to adequate help for the mother with the little children, laws for a cleaner milk supply, for the better control of communicable diseases, for better working conditions in the factory.

When we meet two years from now, may we present a solid front in the battle against disease.

WHAT A NURSE SHOULD KNOW ABOUT SYPHILIS

By Herman Goodman, B.S., M.D.
New York, N. Y.

(*Continued from page 298*)

THE WASSERMAN TEST

The Wasserman test is a delicate reaction, depending on many factors, not the least of which is the serum of the blood collected from the patient. Although taking the blood is nearly always the doctor's task, the nurse may make or mar according to the preparation, and the subsequent care she takes of the sample.

In some hospitals, the Wasserman "outfit" will come to the ward or clinic all ready for use from the hospital, commercial, or health department laboratory. Such an outfit ordinarily consists of: 1. A wooden container with cover, padded with cotton. 2. A labeled test tube with cork. 3. A sterile needle, wide gauge, in envelope. 4. A blank form for information.

On the other hand, such outfits may not be available, and it will be the nurse's duty to prepare for the taking of the blood sample. She should provide: 1. A dry, sterile test tube with cork and label. 2. An hypodermic needle, 19 gauge, and at least two and one-half inches long, (a special needle is called the McCrea needle and is very good). Some doctors will require a five c.c. all glass syringe. The needle and syringe should be sterilized by boiling and thoroughly dried. If the blood came in contact with water, it would be rendered useless because of the resulting hemolysis. 3. A tourniquet to compress the arm. 4. Alcohol for sterilizing the site of puncture. 5. Sterile wipes. 6. Collodion.

The arm of the patient, usually at the antecubital fossa, is cleaned with an alcohol soaked wipe, and any excess of alcohol removed. A dry wipe is placed over the most prominent vein. The nurse applies the tourniquet, using a slip knot, and after the doctor inserts the needle and draws the blood, she loosens the tourniquet and applies pressure over the puncture.

The test tube containing the blood is corked, and the name, number, ward, and other data are put on the label. From now on, the handling of the blood should be a laboratory procedure, and if the laboratory is in the hospital, the blood should be carried there immediately and given to the proper person. If the laboratory is distant, the test tube should be put in a safe place (an ice box, in warm weather), and if possible at a slant of about 25 degrees, to facilitate the separation of the serum from the clot. During the clotting process, the test tube should not be moved, and especially should not be shaken up.

When the serum separates, it is safe to place the test tube in its container and send it to the laboratory. All blank forms accompanying the outfit should be filled in, that the laboratory may know from whom the sample is, and to whom the report should be sent.

The interpretation of the Wassermann report is essentially a part of the doctor's function, and it requires training coupled with special knowledge of the individual patient concerned. The nurse cannot but have some ideas as to the meaning of a report that she is charting and often-times "a little knowledge proves a dangerous thing."

A report of four plus positive undoubtedly means the patient has or has had active syphilis. The so-called "paradoxical" reaction or non-specific four plus occurs in yaws, sleeping sickness, and in nodular leprosy, but these diseases are of infrequent occurrence in this country. Slightly positive reactions may occur in tuberculosis, and perhaps in measles and scarlet fever. The New York Board of Health advisably states on the back of each report:

INTERPRETATION OF THE WASSERMANN READINGS

++++	means	very strongly positive.
+++	“	strongly positive.
++	“	positive.
+	“	weakly positive.
±	“	doubtful.
—	“	negative.

A diagnosis of syphilis should never be made from a weakly positive or doubtful reaction (+ or ±), but in a known case of syphilis that has had specific treatment such a reaction would indicate the necessity of further treatment.

A weakly positive or doubtful reaction (+ or ±), where there is no specific history and where the test is made simply as an aid in differential diagnosis, is usually considered as negative. A negative Wassermann reaction does not absolutely exclude the possibility of syphilitic infection.

In primary syphilis, period of chancre, the Wassermann is negative although Spirocheta pallida may be found in the sore. This is an example of syphilitic infection with negative Wassermann. Later in the primary stage when the lymph nodes that drain the area of the chancre become enlarged and spirochetae are probably circulating in the blood, the Wassermann becomes positive. In the stage of eruption, the secondary stage, the Wassermann is regularly positive. Perhaps 80 to 90 per cent. of tertiary syphilitics have a positive reaction, but a small per cent. of undoubted syphilitics never give a positive result even after treatment, so-called “provocative reaction.” Persons with syphilitic disease of the nervous system may have a negative blood reaction.

The doctor will best know what significance to give the Wassermann report, and we are certain that no well trained nurse nor student nurse gossiping over the charts will say, “How strange, Dr. Bell is giving that man salvarsan, and he hasn’t syphilis. He has a negative Wassermann.”